POLICY BRIEF

DELIVERING PROVEN NUTRITION INTERVENTIONS IN DHOLPUR: RESOURCES AND GAPS 2019

INTRODUCTION

Dholpur, a district in eastern Rajasthan has a population of around 12 crore persons, as per the Government of India Census 2011. The district is one of the hotspots of undernutrition in the state, with every second child in the district suffering from chronic undernutrition, effects of which are irreversible and last lifelong. As per the latest round of National Family Health Survey (NFHS-4), 54.3% children under five years of age are stunted (height for age), which is higher than the state average of 39%. In addition, almost 40% children under 5 are underweight (weight-for-age) and 15.8% children are wasted (have low weight-for-height) and almost 50% children are anaemic. The women in the district also have poor nutritional status with almost one-third of them having Body Mass Index below normal (BMI<18.5) and almost 47% women in age 15-49 years are anaemic.

The high prevalence of under nutrition calls for implementing preventive measures for improving the nutritional status of children and women in the district. In this context, the Lancet's Mother and Child Nutrition series in 2013[1] had put forth a series of nutrition interventions, which, when scaled up to 90% coverage can reduce stunting among children by one-fifth. These interventions include interventions in the domain of behaviour change counselling for caregivers of children (for better feeding and caregiving practices), supplementary feeding, management of several acute malnutrition (SAM), micronutrient supplementation and deworming and conditional cash transfers for pregnant and lactating women. In Indian context, Menon et al (2015)[2] had categorised the interventions which are included in India's policy framework and are implemented through the government's schemes and programmes as India Plus Interventions.

However, as revealed by the NFHS-4 report, the coverage of most of these interventions in Dholpur is extremely low. For example, of the children suffering from diarrhoea, only ~40% children received ORS, and only ~23% received zinc supplementation. Similarly, only a third of the children were breastfed within an hour of birth, only 56% were exclusively breastfed, and only 3.1% children in under two years of age received adequate diet. It is thus important that the government strengthens the implementation of these interventions which are critical for improving the nutritional status. Critical to this would be the investment that the government makes in implementing these nutrition interventions in the state.

This note thus analyses how much the government is investing in delivery of these critical nutrition interventions in Dholpur district in the last few years. While investment itself is important, it needs to be seen in the context of the overall resource requirement for implementing these interventions. Thus the note also examines the resource requirement for delivering these nutrition intervention at scale, in the district and the corresponding resource gap, if any.

1. Bhutta, Z A, J K Das, et al (2013): "Evidence-based Interventions for Improvement of Maternal and Child Nutrition: What Can be Done and at What Cost?," The Lancet, Vol 382, No 9890, pp 452–77.
2. Menon, P., C. McDonald, & S. Chakrabarti (2015): Estimating the cost of delivering direct nutrition interventions at scale: National and subnational level insights from India, POSHAN Report, India: IFPRI.

METHODOLOGY

The note has followed the methodology adopted in the note on estimating resource gap at the State level for Rajasthan, which may be referred to for details. The unit costs for provision of supplementary nutrition to children and pregnant and lactating women was taken from the Government of India guidelines for Integrated Child Development Services scheme. Unit costs for other interventions was taken from the Menon et al (2015) study on costing for India Plus Interventions. An important reason for adopting their methodology and unit cost was that their cost estimates for each nutrition intervention includes the associated costs of human resources, infrastructure, procurement, IEC, etc. which are necessary costs for implementing any intervention on ground. The budget outlays have been taken from the Decentralized Annual District Plan 2017-18[3].

The target population for each intervention was estimated, after projecting the population estimated for year 2017. The estimates have been computed for universal coverage for all interventions. The detailed methodology is given in the state resource gap note. A simple method of multiplying the unit cost for each intervention with their respective target population was used to arrive at the resource requirement.

The resource gap was arrived at by:

Resource Gap = [(Resource Requirement – Budget Outlay)/ Resource Requirement]*100

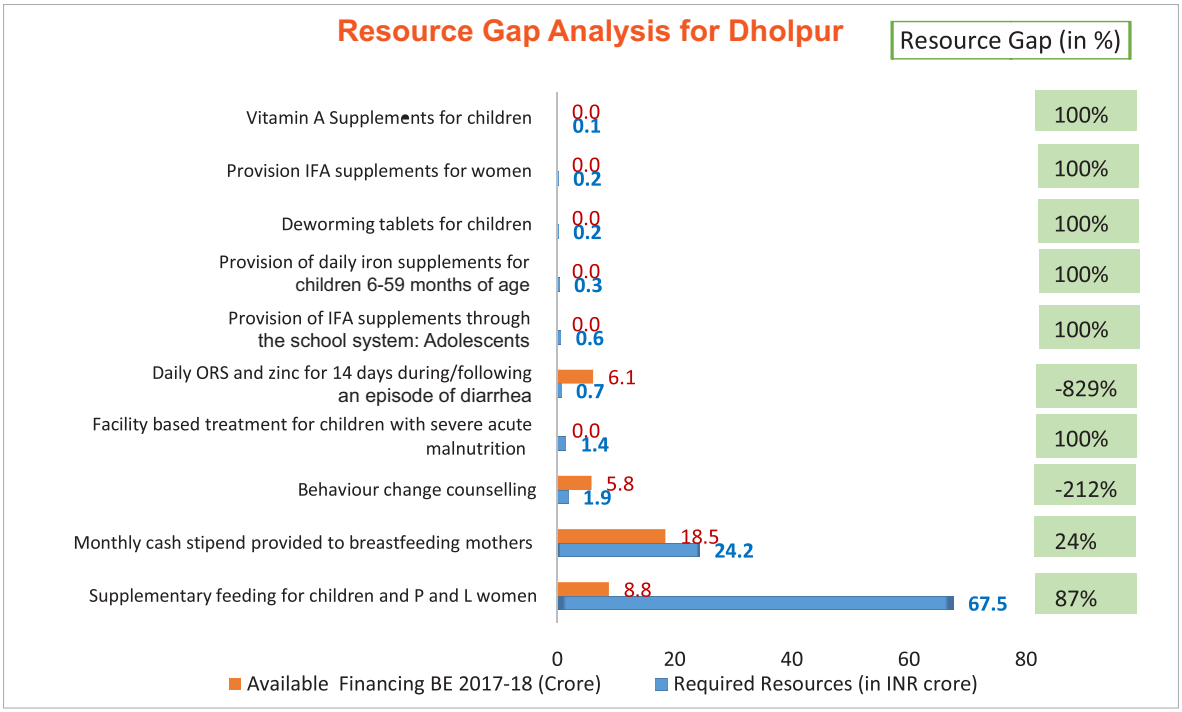
The analysis has been done for the year 2017-18, using the indicative Budget Estimates and comparing it with the resource requirements to arrive at the potential resource gap. The Decentralized Annual District Plan from where the indicative budget estimates have be taken does not provide data on actual expenditure.

Results and Policy Implications:

The analysis throws up interesting findings for the district of Dholpur. These are discussed below.

Resource Requirements:

Most of the interventions studied require relatively low quantum of resources for their implementation. For example, the highest resource requirement is for provision of supplementary feeding for children and pregnant and lactating women which is Rs. 67.5 crore for year 2017-18. Similarly, the intervention requiring the second highest resources is the conditional cash transfer to pregnant and lactating women – Rs. 24.2 crore. Both these interventions are being implemented by the Department of Women and Child Development. Similarly, all the interventions being implemented by the health department would cost a total of Rs. 5.3 crore for the entire district. Taken together all the nutrition interventions, if delivered at scale would cost the district administration a total of Rs. 97.1 crore.



Note: (i) A part of the budget for Conditional cash transfer scheme – PMMVY - goes to beneficiaries of PMMVY and is not visible in budget books; (ii) Negative values in resource gap analysis indicate resource surplus for the given interventions.

3. Available on: http://www.rajpanchayat.rajasthan.gov.in/Portals_default/Ceiling_Annual_Plan_2017-18.pdf

Budget Allocations:

Against the resource requirement of Rs. 97 crore, the total investment by the district in delivery of these nutrition interventions is around Rs.39.2 crore. The WCD department allocates Rs. 8.8 crore for provision of supplementary nutrition and Rs. 18.5 crore for conditional cash transfer. On the other hand, the health department is Rs. 6.1 crore for provision of ORS and zinc for treatment of diarrhoea and Rs. 5.8 crore for behaviour change counselling. Remaining interventions by the health department do not receive any funding for the year 2017-18, implying zero investment for delivery of at least six critical nutrition interventions in the district.

Resource Gap:

Analysis reveals that most of the nutrition interventions are highly inadequately funded in the district. The only two interventions which receive budget allocations greater than the requirement are ORS and zinc supplementation for diarrhoea treatment and behaviour change counselling. The resource gap is 100 percent for all other health-interventions, and close to 87 percent for supplementary feeding. Conditional cash transfer seems to be a relatively better funded intervention with resource gap of 24 percent.

Implications:

The above-mentioned results are almost on lines of the resource gap findings at the state level for these interventions, with the exception of conditional cash transfers. At the state level for Rajasthan, resource gap for supplementary feeding was around 82 percent, and it was 100 percent for most other interventions, as is the case for Dholpur. However, one variation seems to be the funds allocated for treatment of diarrhoea – budget for the intervention was nil at the state level, but is close to Rs. 6.1 crore for Dholpur. This may be due to unspent funds available at the District Health Society of Dholpur for the same interventions. Thus, despite there not being any allocated budget at the state level, the district has funds for the intervention.

Most of the interventions are low-cost interventions with the maximum resource requirement being for supplementary feeding at Rs. 67.5 crore. For all health interventions, the resource requirement is below Rs. 10 crore for the entire district. However, even these small requirements have not been provisioned for adequately by the government. Of the total resource requirement of Rs. 97 crore, only ~40 percent of the resources are being provided for by the government. This clearly signifies lack of priority for these cost-effective interventions, which can have significant impact on reducing levels of undernutrition in the district. The inadequacy of the budgets is also reflected in the low coverage of these interventions in the district, as is evident from the latest round of the National Family Health Survey (NFHS-4).

An important point to note there is that the analysis includes the budgets for only the most direct costs under any scheme or programme. For example while ICDS is a large programme providing six services for the nutrition and development of children and women, only the funds allocated for provision of supplementary nutrition have been included for the analysis. Budget for other important components of the scheme which form part of the ICDS-General budget could not be included as the analysis follows a nutrition-science approach and hence focuses on only a part of the schemes. For example, counselling, growth monitoring, health check-up etc. are core activities under ICDS, but these form a part of the usual responsibilities of the frontline service providers – Anganwadi workers – and hence do not get provisioned for separately. However, the overall contribution of the scheme cannot be over-emphasised for a child's healthy growth and development in the formative years of a child's life. Thus, the resource gap for such interventions should be seen in the context of overall provisioning for the scheme as well.

Another important aspect of the analysis is the paucity of budget data in public domain at the district level. The budget allocation figures had to be obtained from the Decentralized Annual District Plan. This can be a significant constraining factor in carrying out such an analysis, as has been done in this note.

The district administration should thus-

- Ask for stepping up the budgetary outlays for the delivery of these important nutrition interventions. While both the WCD and the health department are under-funding the interventions, the health department does not seem to be allocating any resources for most of the interventions. The district should advocate with the state government for allocating requisite funds for the interventions for which the state government is not allocating adequate budgets. Thus, there is a need that the departments are sensitised to the importance of investing in these critical nutrition interventions adequately for bringing about improvements in the lives of the children and women in the district.

- The district administration should prioritise implementation of these nutrition interventions in a mission mode to improve their coverage. At present, these interventions are not seen as a nutrition comprehensive package which has shown visible impact on reducing undernutrition. The district administration should need to implement the interventions as a holistic package for addressing undernutrition and thus streamline efforts of WCD and the health departments on ground for better implementation and outreach.

- The district administration should take pro-active steps to make available the district and intra-district level budgetary data for all departments as a first step towards ensuring transparency and enabling an informed discourse in the on critical issues such a nutrition financing.

- Apart form the state budget, other resources available in the district like DMFT and resources available with urban and rural local bodies can also be utilised for improving nutrition in the district.

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